

Summary of the May 1, 2002 System Leadership Council Meeting

The following members attended the May 1 meeting of the System Leadership Council:

Mary Ann Bergeron	Larry L. Latham, Ph.D.	James W. Stewart, III
H. Lynn Chenault	Jules J. Modlinski, Ph.D.	Frank L. Tetrick, III
Gerald E. Deans	George W. Pratt, Ed.D.	William J. Thomas
Judy Dudley	Raymond R. Ratke	James A. Thur
James Evans, M.D.	James S. Reinhard, M.D.	Joy Yeh, Ph.D.
Paul R. Gilding	Julie A. Stanley	

Dr. Reinhard welcomed Gerry Deans, Acting Assistant Commissioner for Facility Management, to the Council. The Council accepted the summary of its last meeting.

1. Report on the Bed Shortage Work Group

- Dr. Evans reported on the April 11 meeting of this group, which has broad stakeholder representation. The shortage is a public sector and a private sector problem nationally and they need to work together to address it. It was noted that the public system may very well lose access to more private psychiatric beds if this does not occur. It continues to be increasingly difficult to access appropriate beds for consumers, particularly those with complex needs, in a reasonable amount of time and within a reasonable distance.
- The work group agreed to develop a steering committee to examine short and long term issues and solutions. The steering committee will meet on June 6 at the Department from 9:00 a.m. to noon. Members include representatives from the Department, DMAS, CSBs. Trigon and Sentara (for the payer perspective), medical schools, and the Department of Budget. This steering committee will be an ongoing group that would report on the activities of various agencies.
- It was noted that is little consistency across the state about resources available for local inpatient bed purchase, rates paid by purchasers, differential use of public and private beds in different areas of the state, and the availability of free (charity) beds. Comparable and consistent information is not available about how many and what types of beds are needed and where they are needed.
- There was a consensus among Council members for a more systemic, statewide approach to develop a comprehensive picture of all inpatient psychiatric bed utilization. This should include the number of beds needed, how to fund bed use, and a simple way to track all inpatient bed days (CSB local inpatient bed purchases, state facility local inpatient bed purchases, state facility bed use, and diversion of consumers with a primary substance abuse diagnosis from psychiatric beds). For instance, now the state facility bed targets in the performance contract only focus on adult state facility beds, without considering the availability or utilization of private beds.
- It was suggested that the Bed Shortage Work Group's steering committee could be the vehicle for developing this systemic approach. In response to a question about how all of this relates to the SJR 34 inpatient bed study (due in December), Mary Ann Bergeron suggested letters from the Department and the Joint Commission on Health Care offering assistance to the SJR 34 group. Dr. Evans agreed to work on a joint letter.

2. SFY 2003 State Pharmacy Funding Shortfall Update

- Dr. Evans discussed the State Pharmacy Work Group meeting on April 30. Members include George Pratt, Mary Ann Bergeron, Joy Yeh, state pharmacologists, three CSB medical directors, CSB MH directors, DPB staff, and Department staff. He distributed to Council members the folders of materials (including the Texas algorithm and Dorothea Dix Hospital atypical medications guidelines) that were given to work group members.
- This work group discussed the shortfall, rising medications costs, clinical practice issues (it looks like not that much money is saved by using preferred medications), and the need to look at quality as well as cost.
- This work group decided to split into two smaller groups: one to consider clinical practice issues (e.g., prescribing practice guidelines, algorithms), chaired by Dr. James Laster from Virginia Beach, and a second to examine administrative and funding issues (e.g., efficiencies in prescribing practices, pursuing indigent funding from pharmaceutical companies, management of funds), chaired by George Braunstein. It was noted that the larger Work Group expressed a reluctance to make any recommendations without more information.
- Issues that the smaller groups will consider include:
 - who should be able to access the State Pharmacy, only aftercare patients or also consumers diverted from state facilities - a statewide standard practice is needed
 - how many weeks of medications should state hospitals supply for discharged patients
 - examination of the Hampton-Newport News CSB access project (funded by an Eli Lilly grant) that enrolls more individuals in Medicaid
 - Medicaid disproportionate share funding
- After considerable discussion about the urgent need to address short term state pharmacy issues (e.g., eligibility, who should manage funds), the Council decided it should address these issues, since the State Pharmacy Work Group is focused on longer term issues. Jim Stewart expressed the hope that with the good faith members were building and the fresh start of a new administration, the Council could discuss and resolve these State Pharmacy issues. A preliminary interim consensus emerged that
 - management of State Pharmacy funds should remain with the Department while the State Pharmacy Work Group develops practice recommendations;
 - separate allocations for each CSB for atypical medications would continue to exist within the State Pharmacy budget, with CSBs monitoring and managing the use of their allocations; and
 - the Council should develop at least short term eligibility recommendations.
- Council members expressed a strong consensus on the need to develop eligibility criteria that would be used consistently by all 40 CSBs. It also will be important to ensure that potentially more restrictive eligibility criteria, which might apply after July 1, do not exclude consumers who are now receiving medications.
- The current estimated SFY 2003 State Pharmacy shortfall for community medications

(atypical and other anti-psychotic medications) is estimated to be \$5.4 million. For SFY 2002, \$13.7 million is budgeted for atypical medications and \$4.8 million is budgeted for other anti-psychotic medications for the community. The Department is trying to collect more special fund revenues to address the state facility medications shortfall. Joy Yeh indicated that SFY 2002 State Pharmacy budget shortfalls will be covered.

- Jim Thur pointed out that some state facility strategies for addressing their shortfalls could affect CSBs, for example, prescribing decisions and amounts of medications provided for discharged patients). In order for the Council to address the shortfall, total pharmacy budget and expenditures (state facility and CSB) need to be considered, along with other medications resources such as the pharmaceutical companies' indigent care programs.
- Dr. Evans agreed to put the State Pharmacy Work Group's clinical small work group, chaired by Dr. Laster, on a fast track to develop or identify by the end of the summer recommendations and guidelines, like the Texas algorithm and Dorothea Dix guidelines, that could be implemented by October 1 to help CSBs manage medication costs.
- The Council agreed to establish another small group composed of representatives from the Department (Dr. Reinhard, Ray Ratke, and Joy Yeh) and the Executive Directors Forum (Jim Stewart and Frank Tetrick) to address funding issues. This group agreed to meet on May 14 at the Department at 10:00 a.m. Subsequently, at its meeting, this group decided to shift the additional \$2.3 million of MH federal block grant funds, included in the SFY 2003 CSB allocations, to the State Pharmacy to absorb part of the SFY 2003 shortfall.
- The Council decided to ask the VACSB MH Council, which will meet next week at the VACSB conference, to provide recommendations to the VACSB Executive Directors Forum next week, about eligibility and the number of weeks of medications state facilities should supply for discharged patients. The Forum's recommendations could be considered at a special meeting of the Council on May 20 in Henrico. Subsequently, this meeting was cancelled, based on the outcome of the May 14 meeting of the funding small work group.
- In order to support the request for additional state funds later in SFY 2003, CSBs and state facilities will need to take steps to reduce the shortfall as much as possible, recognizing that we cannot manage our way out of the shortfall completely.

3. Strategic Planning Meeting About Serving Persons with Dual Diagnoses

- The Department will be convening a strategic planning meeting on June 5 with Dr. Rob Fletcher from the National Association on Developmental Disabilities about the problems experienced in serving and supporting persons with dual diagnoses (MI and MR) and severe behavioral problems and to plan a two-day state-of-the-art conference.
- Gerry Deans indicated that the National Association of State Mental Health Program Directors may provide funds for such a conference. Mary Ann Bergeron suggested that Nancy Roberts (Division of Legislative Services), Susan Massart (House Appropriations Committee staff), and Senate Finance Committee staff be invited to this conference.
- Gerry Deans noted that best practices from a national perspective will be discussed at this meeting, in the context of regional problem solving within existing resources and how new

resources would be used in the longer term.

- Larry Latham observed that many dually diagnosed individuals enter the services system as forensic patients, who would otherwise be eligible for Medicaid. Also, many of these persons have substance abuse problems.
- Gerry Deans suggested that the MI/MR Protocols need to be resurrected for use by state facilities and CSBs.

4. Performance and Outcome Measures (POMS)

- Paul Gilding reviewed the results of the final Ad Hoc POMS Work Group meeting on April 4 and the VACSB Data Management Committee meeting and described the four performance and outcome measures contained in the SFY 2003 performance contract.
- Larry Latham asked about the potential impact of the end of POMS on Oryx reporting. Gerry Deans agreed to check with Dr. Evans and Randy Koch.
- Frank Tetrick expressed the appreciation of the Executive Directors for Dr. Reinhard's responsiveness to their concerns about POMS.
- Dr. Reinhard informed the Council that he had received useful feedback from George Pratt and Jim Stewart about the Executive Directors' concerns with the existing employment status measure, which is proposed as a SFY 2003 outcome measure and is in the Commissioner's executive agreement with the Governor. He indicated that he would seek to have this measure reconsidered and removed from his agreement, which could eliminate it from the SFY 2003 CSB performance contract.
- George Pratt suggested that employment not be a performance and outcome measure in the SFY 2003 contract. Instead, we should work on refining this measure with other agencies during this year and then pilot an employment measure with some CSBs in SFY 2004.

5. SFY 2003 Performance Contract Update

- Julie Stanley discussed the fourth and final negotiating meeting that occurred on April 29.
- Ray Ratke agreed to convene a small work group to examine reducing the reporting requirements associated with the mental health non-CSA mandated child and adolescent purchase of individualized services initiative. Mary Ann Bergeron suggested Michael O'Connor, Beth Rafferty, and Melissa Hayes Gilbert as CSB members.
- The Council supported changing the DMAS provider agreement for MR Waiver providers to authorize CSB monitoring of their services, per section 5.3.9 of the performance contract. Ray Ratke noted that this is a complicated issue, for example, what does monitor services mean in this context?
- Jim Stewart suggested that Department staff and CSB representatives (a couple of Executive Directors and an MR Director from each region) discuss issues related to this change before going to DMAS to seek the change. The Council agreed with this

suggestion.

- Jim Thur urged deferring consideration of the third issue, quality improvement plans, but he suggested reviewing the earlier QI work group proposals. George Pratt noted that the contract negotiating committee recommended bringing this issue to the Council for resolution. He urged that any standard format guidelines or criteria for these plans not be elaborate, instead identifying the minimum elements needed to satisfy requirements and encouraging creatively sharing resources.
- Jim Thur thanked the Department for the SFY 2003 performance contract negotiation effort, noting that the tenor of the discussions had been excellent.
- Dr. Reinhard agreed to explore placing information about all of the various work groups and task forces on the Department's web site.

6. SFY 2004 Performance Contract Development

- Julie Stanley and Paul Gilding discussed development of the SFY 2004 contract.
- The negotiating committee agreed to defer the issue of which funds should be included in the performance contract to the SFY 2004 contract, based on feedback from the Secretary and Commissioner, communicated in Dr. Reinhard's April 17 memorandum.
- George Pratt observed that the Council's role in developing or negotiating the SFY 2004 contract will depend on what the contract will look like. If the contract will be like the current contract, the VACSB/VALHSO Performance Contract Work Group should be used. He noted that negotiating the contract may be different than negotiating reporting relationships. Finally, he suggested deferring a decision about Council involvement until after the initial July 31 meeting about the SFY 2003 contract.
- Discussion of the definition of local matching funds and how the required amount is calculated was deferred.

7. Discharge Planning Protocols Review

- Dr. Reinhard announced that the Department would be reconvening the original work groups to review and consider revisions of the protocols. George Pratt noted that he has a list of issues to consider.
- Julie Stanley asked if the MR readiness for discharge issue could be addressed by the MR protocols work group. The Council agreed that both issues could be dealt with together.

8. Status of Automating the Discharge Planning Protocols

- Paul Gilding presented a written update from Bob Chaffin in the Department's Office of Information Technology Services (OITS). OITS began efforts to automate the protocols with a design to provide the application via a secure Internet application. The design strategy includes establishment of a Virtual Private Network (VPN) and security to allow CSB users to access the Department's network and the Discharge Planning application.
- The development plan includes the completion of the project in stages to ensure the security, accessibility, and accuracy of data. The first stage of the plan is to develop a web interface that will be accessible to all CSB users. That web interface will present Patient/Resident Automated Information System (PRAIS) data about those consumers who are ready for discharge for period of more than 30 days. The CSBs will complete the data by entering information reflecting any barriers to discharge.
- To date, the Barriers to Discharge part of the application and the Open Data Base Connectivity (ODBC) connection have been completed. The VPN client to be used by CSB users has been tested with several different operating systems. A pilot is being scheduled to test security and accessibility with a couple of CSBs. Training for all CSBs will begin upon the successful conclusion of the pilot.
- Development of the remaining two forms in the Discharge Planning Protocols is proceeding. Completion of programming is expected within a couple of months with implementation before the end of August, 2002.

9. Preadmission Screening Protocols

- Dr. Reinhard indicated this item was included to keep it on the Council's agenda, but he noted that it should be deferred until after the review and revision of the Discharge Planning Protocols is finished.

10. Reconvene Priority Populations Work Groups

- George Pratt noted that the issue of including persons convicted of DWI to the substance abuse priority population could become a political issue if we say they are not a priority. He also asked if there was another way to gather priority population information without using the assessment forms.
- The Council agreed that the work groups should be reconvened to examine these and other priority population issues. George Pratt agreed to obtain participants from the Executive Directors Forum. Ray Ratke agreed to be the Department lead person.

11. Status of New Licensing Regulations

- Julie Stanley informed the Council that the State Board has approved the regulations for publication for a 30 period (May 19 - June 19). The effective date has been delayed to September 19 to allow for training providers on the new regulations.
- She noted that the regulations contain two inadvertent errors in the PACT section. QMHP

should be shown instead of licensed mental health professional and the requirement for PACT to be available 24 hours per day should be inserted. She agreed to send this information to the CSBs.

12. Part C Issues

- Julie Stanley identified three Part C issues: (1) compliance with federal natural environment and assessments within 45 days, (2) earlier notification of funding by the Department, and (3) administrative simplification.
- The federal government expects states to make progress on the natural environments and 45 day requirements. She noted that the data show we are now at 71 percent of all services on a statewide basis are provided in natural environments. The federal government has not found Virginia out of compliance with this requirement. However, we have reported to the federal government that we are out of compliance with the 45 day requirement.
- Regarding the second issue, Joy Yeh reported that the additional funding this year was a one-time phenomenon that the Department hopes not to repeat in SFY 2003. Jim Thur noted that the issue really is allocation of supplemental funds late in the year. He asked why such notifications could not be made earlier and observed that now a CSB almost has to deficit spend in order to justify supplemental funding.
- Regarding the third issue, Julie Stanley told the Council that the Department is proposing a 30 percent reduction in MIMS requirements, in conjunction with the new Part C contract.
- Jim Thur mentioned a concern that the availability of Part C services for families covered by Medicaid Medallion II is deteriorating. Even if CSBs write good service plans, if infants do not receive needed services, CSBs are wasting their efforts.

13. SAPT Block Grant Peer Review Requirements

- Julie Stanley reviewed the background of this item, which was an audit point in the last Department's last audit conducted by the Auditor of Public Accounts.
- At our last meeting, the Council asked if CARF accreditation could be used to satisfy the SAPT requirement. While two CSBs will be undergoing certification this year, there is no guarantee that there will be two CSBs every year, which would be necessary to satisfy the SAPT requirement that five percent of providers undergo peer review each year.
- Therefore, she indicated that the Department was recommending a very minimal peer review process after this fiscal year that is not dependent on CARF accreditation. This would affect two CSBs per year, using the least staff for the least amount of time. The reviews would be voluntary and confidential. She suggested that the Department might be able to reimburse CSBs for expenses related to the peer reviews. She agreed to send copies of the federal peer review requirements to Council members.
- Several members asked if the Department was ruling CARF out as an acceptable response to the SAPT requirement. Joy Yeh responded that the issue, from the APA's perspective,

was that the Department did not have information about peer review, and she suggested that the Department ask the SAMHSA if CARF would be acceptable for meeting the peer review requirement.

- George Pratt indicated CSBs would find a way to meet the requirement whichever way was necessary (CARF or separate minimal peer review process), based on the federal response.
- Subsequently, the federal technical assistance visit consultants raised questions about whether CARF surveyors would constitute peers and meet the intent of the federal requirement, which was to share information among programs within a state through the peer review process. Also, the Department was not able to obtain any definitive guidance regarding peer review requirements from the Auditor of Public Accounts.

14. Impact of Criminal Justice Budget Reductions

- Mary Ann Bergeron reported that the VACSB SA Council was conducting a survey, the results of which would be presented at the VACSB Conference next week (early May). Then, this information will need to be translated into educational material for decision makers. She requested that this item be placed on the next Council meeting agenda.

15. Discussion of Plans for Budget Item 329#9c - Psychiatric Care for Jail Inmates

- Dr. Evans reported to the Council that Dr. Jim Morris, the Department's Director of Forensic Services, was meeting with Nancy Roberts and regional jail association representatives, and that there was a relevant conference ("Breaking the Cycle - Diverting Persons with Mental Illness from the Criminal Justice System") on Friday (May 3).
- Mary Ann Bergeron indicated that the VACSB has a work group to address this issue, and she will give the members names to Dr. Evans.
- George Pratt noted that some jails have private psychiatric contracts and may not work with CSBs at all; there is no requirement for jails to work with CSBs. For example, the Norfolk jail has such contracts; consequently, judges send many people directly from the jail to Central State Hospital with no involvement from the CSB.

16. Report on Workforce Work Group

- Jim Thur reported that the work group met several weeks ago and will present a detailed work plan soon to the Commissioner. The work plan will identify key milestones for the next six months, including a data collection survey (e.g., vacancy factors, turnover rates) and a sample work force survey. The goal is a report for the next General Assembly that includes the results of these two surveys.
- Jules Modlinski asked if the work group is addressing the role of higher education. Jim Thur responded that higher education is represented on the work group.

17. Medical Assessments Work Group

- Dr. Evans noted that this issue will be with us for a long time. He said we were trying to make incremental improvements. He distributed the summary of the last meeting of the work group to Council members.
- Dr. Evans indicated that he had talked with David Coe (VACSB MH Council), who has shared the emergency services screening form with the Emergency Services Coordinators group in the VACSB. That group thought the form was sufficient.
- Ray Rake asked about the lack of medical screening for jail transfers. Larry Latham suggested that this issue could be addressed in the psychiatric services for jail inmates study.
- Concerns were expressed about surveying people who have been determined to be incapable of voluntary admission; there could be liability exposure later if something happens. It was suggested that the questionnaire could be used if a family member was involved.
- Clearly, a central issue in this area is lack of funding. Mary Ann Bergeron indicated that Jim Stewart had polled the National Association of County Behavioral Health Directors about who pays for medical screenings and the majority response was that states paid, usually with a flat fee for a medical assessment.

19. Authorized Representative Requirements for State Facility Discharges

- George Pratt requested some clarification of the status of this situation. Julie Stanley responded that last December, former Commissioner Kellogg issued an e-mail that stopped any discharges of residents in state training centers who needed and did not have legally authorized representatives (LARs), pending further review of the issue.
- Jane Hickey in the Office of the Attorney General advised that this was not an either-or situation. If a resident cannot function without an LAR in the community, then he cannot be discharged without an LAR. If a resident can function without an LAR in the community, then he can be discharged without an LAR.
- Julie Stanley indicated that the Department would be issuing guidance about this soon. She also mentioned the Guardianship Stakeholder Group and Cynthia Smith's designation as the Department's guardianship coordinator.
- George Pratt observed that physicians are beginning to demand LARs for some mental health consumers who do not understand the side effects of their medications. He noted that this is becoming a very large issue.
- Jim Thur cautioned that funds need to be provided to pay for LARs or this approach will not work.
- Julie Stanley informed the Council that the Department was sending information out to physicians and dentists about the new provisions in § 54.1-2970, which allows for

consumers who are receiving case management services from a CSB and who is incapable of giving informed consent to receive medical or dental treatment under certain circumstances.

20. Olmstead Study

- Jim Thur asked about the Olmstead Study required in the Appropriation Act. Julie Stanley responded that she is coordinating the response to that requirement. The first step will be a meeting of all affected state agencies scheduled for June 7. At that meeting all potential stakeholders will be identified.
- The first Olmstead Task Force meeting will be held in July. Tentatively, five task force meetings are projected between July, 2002 and June, 2003. The preliminary work plan for the Task Force proposes a two phased approach. The first phase will involve planning and needs assessment (July to December, 2002). The second phase will develop the report in the spring and summer of 2003.
- Mary Ann Bergeron identified Jerry Thomas as the VACSB lead person for this study. Jim Thur indicated that local government will have a major interest in this, since they may consider Olmstead to be their biggest single liability at this time.
- It was noted that CSBs are not responsible for clinical treatment in state facilities, but CSBs are responsible for case management and discharge planning. CSBs work with consumers before admission to and after discharge from state facilities. Responding to the Olmstead decision is not a we/they issue but an us issue. The state and every subdivision of the state is responsible for addressing Olmstead in some way. Ray Ratke observed that this reinforces the need for all of us to work together on the Olmstead plan.

21. Next Meeting

- The Council set its next meeting for July 17 at 10:00 a.m., tentatively at the Henrico Mental Health Center. Subsequently, the meeting was rescheduled to June 24 at 10:00 a.m. at the Chesterfield CSB.